| Revision: | HCFA-PM-91-4 AUGUST 1991 | (BPD) | ATTACHMENT 4.18-D Page 1 OMB No.: 0938- |
|-----------------------------|-----------------------------|-------------------|--|
| | STATE PLAN U | NDER TITLE XIX OF | THE SOCIAL SECURITY ACT |
| | State/Territory | RHODE ISLA | ND |
| | Premiums Impos | ed on Low Income | Pregnant Women and Infants |
| option | al categoricall | | nine the monthly premium imposed on women and infants covered under (B) of the Act: |
| | NOT APPLICABLE. | None imposed. | |
| | | | |
| for pr | remium payment, | notification of | sed is as follows (include due date the consequences of nonpayment, and aiver of premium payment): |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| *Descript: | ion provid e d on | attachment. | |
| *Descript: TN No Supersedes | 92-02 | NEC a | 1932 Effective Date 7/1/92 |

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

| Revis | sion: | HCFA-PM-91- 4 AUGUST 1991 | (BPD) | | ATTACHMENT 4.18-D Page 2 OMB No.: 0938- | |
|----------|--------|------------------------------------|------------------------------|--------------------|---|-----------------------|
| | | STATE PLAN | UNDER TITLE X | IX OF THE | SOCIAL SECURITY ACT | |
| | | State/Territo | гу: | RHODE IS | LAND | |
| | | | | | | |
| c. s | State | or local funds | under other | programs | are used to pay for pr | emiums: |
| 1 | / | Yes | | No | | |
| | | | | | | |
| | | | | | | |
| D. 1 | The cr | riteria used fo mium because it | r determining would cause | y whether an undue | the agency will waive hardship on an individ | payment of ual are |
| (| descr | ibed below: | | | • | |
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| *Des | cript: | ion provid ed or | attachment. | | | |
| TN N | | 92-02 | _ BEC | 9 1 | Effective Date _7/1/ | 40.0 |
| a | rsede | Approval | | | 766 | /Q 🤈 |

HCFA ID: 7986E